

June 28, 2016

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket Nos. 10-90, 14-58

2016 ETC Annual Report of Thacker-Grigsby Telephone Company

Study Area Code 260419

Dear Secretary Dortch:

On behalf of Thacker-Grigsby Telephone Company, in accordance with the procedures outlined in the March 22, 2016 Protective Order, please find attached the FCC Form 481 filing, Redacted for public inspection. This filing is being made electronically via the FCC's Electronic Comment Filing System.

Please call or email me with any questions.

ten Bodamer

Sincerely,

Eileen M Bodamer 770-649-1886

Enc.

	TEDAOTE	D - I OIX I ODLIG IIVOI LOTIC	211
FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260419	
<015>	Study Area Name	THACKER/GRIGSBY TEL	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Eileen Bodamer	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7706491886 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	Eileen@Bodamer.com	
	Form Type	54.313 and 54.422	

(100) S Data C	(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name THACKER/GRIGSBY T	TEL
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<032>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030> Bileen®Bodamer.com	uu e
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O
<111>>	If your answer to Line <110> is yes, do you have an existing $\S54.202(a)$ "5 year plan" filed with the FCC?	000
<pre><112> <113> <114> <115</pre> <115 <116 <117 <118 <118	If your answer to Line <11.1> is yes, please file a progress report, on line <11.2> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service coverage and how support was used to improve service capacity and how support was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	260419KY112 .pdf Name of Attached Document Yes Yes Yes Sity Yes Sity Yes Sity Yes Sity Yes

Page 3

10 2 3 10 4 10 10 10 10 10 10	(200) Serv Data Colle	(200) Service Outage R Data Collection Form	(200) Service Outage Reporting (Voice) Data Collection Form	(eo)						FCC OM July	FCC Form 481 OMB Control No. 3060-C July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013). 3060-0819
South Area Name Contact the prior and address - franchised and - franchised and address - franchised - f	<010>	Study Area C	apo				260419						
Contact Person USAC Should contact regarding Shis data	<015>	Study Area N	lame				THACKER/GRI	GSBY TEL					
Contict Nation - Person USAC-Bound contact regarding this data into 430b	<020>	Program Yea	ı.				2017						
Contact Telephone Number of person identified in data line 4389> Titles Section	<030>	Contact Nam	ie - Person USAC	S should contac	ct regarding thi	s data	Eileen Boda	ımer					
For the prior calendar year, were there any reportable voice service outages? Year	<035>	Contact Tele	phone Number	- Number of pe	erson identified	in data line <0		ext.					
For the prior calendar year, were there any reportable voice service outages? Service outages Start Outage End Number of Number	<039>	Contact Emai	il Address - Ema	il Address of p	erson identifieα	ત્ર in data line <		nmer.com					
Note	<210>		ر calendar ye	ar, were there	e any reporta	ble voice serv	rice outages?	Yes			ĺ		
Le Outage Start Outage End Outage Affected Total Number of Outage Affected Total Number of Outage End Outage E	<220>	\de	b1>	 b2>	<	<	<c1></c1>	<c2></c2>	>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	\ \ \	< h >
led (1977)		NORS Reference Number		Outage Start Time			Number of Customers Affected		911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
\$ee attached worksheet									(ov. / ca.)	an mar apply)	(ON (SOL)		Sampao
See attached worksheet worksheet													
worksheet													
See attached worksheet													
worksheet													
worksheet See attached worksheet See attached worksheet See attached worksheet See attached													
worksheet								bee attached					
							CW	rksheet					
							3						

Page 4

(300) Un Data Col	(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	Control No. 3060-0819
<010>	<010> Study Area Code	260419	
<015>	Study Area Name	THACKER/GRIGSBY TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Bileen Bodamer	
<032>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Bileen@Bodamer.com	
<300>	<300> Unfulfilled service request (voice)		
<310>	<310> Detail on attempts (voice)		
	Na	Name of Attached Document	
<320>	<320> Unfulfilled service request (broadband)	0	
<330>	<33()> Detail on attemnts (broadband)		
		Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 260419	
<015>	Study Area Name THACKER/G	RIGSBY TEL
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regard	ling this data Eileen Bodamer
<035>	Contact Telephone Number - Number of person ide <030>	entified in data line 7706491886 ext.
<039>	Contact Email Address - Email Address of person id <030>	entified in data line Eileen®Bodamer.com
<400>	Select from the drop-down list to indicate how you voice complaints (zero or greater) for voice telepho calendar year for each service area in which you are any facilities you own, operate, lease, or otherwise	ny service in the prior Offered only fixed voice edesignated an ETC for
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you end-user customer complaints (zero or greater) for the prior calendar year for each service area in whi an ETC for any facilities you own, operate, lease, or	broadband service in Offered only fixed broadband chyou are designated
<440>	Complaints per 1000 customers for fixed broadban	1.667
<450>	Complaints per 1000 customers for mobile broadba	and

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	260419				
<015>	Study Area Name	THACKER/GRIGSBY TEL				
<020>	Program Year	2017				
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer 7706491886 ext.				
<035>	Contact Telephone Number - Number of person identified in data line <030>					
<039>	<a><a><a>Contact Email Address - Email Address of person identified in data line <a><a>Eileen@Bodamer.com					
<500>	500> Certify compliance with applicable service quality standards and consumer protection rules Yes					
<510>	Descriptive document for Service Quality Standards & Consumer Protection R	260419KY510.pdf ules Compliance				

ſ	(600) Functionality in Emergency Situations	FCC Form 481
	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
L		July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	260419KY610.pdf

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	260419	
<015> Study Area Name	THACKER/GRIGSBY TEL	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035> Contact Telephone Number - Number of person identified in data	line <030> 7706491886 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> Eileen@Bodamer.com	
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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-					See at	tached worksheet			
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<u>_</u>									1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	60419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ļ									
ļ									
				- See attacl	ned				
ļ			,	worksheet -	100				
ŀ									

(800) Op	erating Companies			FCC Form 481
Data Coll	Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		260419	
<015>	Study Area Name		THACKER/GRIGSBY TEL	
<020>	Program Year		2017	
<030>	Contact Name - Person	USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	7706491886 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	Eileen@Bodamer.com	
<810>	Reporting Carrier	Thacker-Grigsby Telephone Company		
<811>	Holding Company	Name Not Available		
<812>	Operating Company	Thacker-Grigsby Telephone Company		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=			
-			
-			
-	See atta	ached workshe	et
-			
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Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	L.L. 2012
	July 2013
<010> Study Area Code	260419
<015> Study Area Name	THACKER/GRIGSBY TEL 2017
<020> Program Year	Eileen Bodamer
<030> Contact Name - Person USAC should contact regarding this data	7706491886 ext.
<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com
'	No
<900> Does the filing entity offer tribal land services? (Y/N)	NO
910> Tribal Land(s) on which ETC Serves	
920> Tribal Government Engagement Obligation	Name of Attached Document
f your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	
1923> Marketing services in a culturally sensitive manner;	
(924> Compliance with Rights of way processes	
, , ,	
2926> Compliance with Facilities Siting rules	
3927> Compliance with Environmental Review processes	
(928> Compliance with Cultural Preservation review processes	
(929> Compliance with Tribal Business and Licensing requirements.	

			. 480 11
-	oice and Broadband Service Rate Comparability		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		260419
<015>	Study Area Name		THACKER/GRIGSBY TEL
<020>	Program Year		2017
<030>	Contact Name - Person USAC should contact regarding this data		Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data lin	e <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data lir	ne <030>	Eileen@Bodamer.com
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	2604	19KY1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		- Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	26041	19KY1030.pdf
			Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260419	
<015>	Study Area Name	THACKER/GRIGSBY TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

-	erms and Condition for Lifeline Customers		FCC Form 481
Lifeline Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Data Con			July 2020
<010>	Study Area Code	260419	
<015>	Study Area Name	THACKER/GRIGSBY TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030	> 7706491886 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	> Eileen@Bodamer.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	260419KY1210.pdf	
			Name of Attached Document
<1220>	Link to Public Website HTTP		
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2000) Price	Cap Carrier Additional Documentation	FCC Form 481
Data Collec	tion Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Ro	nte-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
	tudy Area Code 260419 tudy Area Name THACKER/GRIGSBY	TIPI
	tudy Area Name THACKER/GRIGSBY rogram Year 2017	100
	ontact Name - Person USAC should contact regarding this data Eileen Bodamer	
	ontact Telephone Number - Number of person identified in data line <030> 7706491886 ext.	
	ontact Email Address - Email Address of person identified in data line <030> Eileen@Bodamer.	COM
Coloot the	a annuantiata reanances helau (Ves No Not Anniighla) ta nata compliance es	a vaciniont of Ingramantal High Cost support High Cost support to offeet access share and estions
		a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, information reported on this form and in the documents attached below is accurate.
and Com	iect America Priase ii support as set fortii iii 47 CFN 9 54.515(b),(c),(d),(e). The i	normation reported on this form and in the documents attached below is accurate.
Ir	ncremental Connect America Phase I reporting	
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the Ju	lv 1
\2010>		y <u> </u>
	2016 certification, this applies to Round 2 recipients of Incremental	
	Support	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the Ju	ly 1
	2016 certification, this applies to Round 1 recipients of Incremental	
	Support	
<2022>	Recipient certifies, representing year two after filing a notice of	
\ 2022>	•	
	acceptance of funding pursuant to 54.312(c), that the locations in	
	question are not receiving support under the Broadband Initiatives	
	Program or the Broadband Technology Opportunities Program for	
	projects that will provide broadband with speeds of at least 4	
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
,2022		unt of
<2023>	The attachment on line 2024 includes a statement of the total amo	וונו טו
	capital funding expended in the previous year in meeting Connect	
	America Phase I deployment obligations, accompanied by a list of c	ensus
	blocks indicating where funding was spent. This covers year two -	
	54.313(b)(2)(ii). Round 2 recipients only.	
<2024A		
<2024A	Nound 2 Necipient of incremental Support:	
<2024B>	Attach list of census blocks indicating where funding was spent in y	ear Name of Attached Document Listing
	two - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information
<2025A	> Round 1 or Round 2 Recipient of Incremental Support?	
1202071		
20255		
<2025B>		
	year three and Round 2 for year two) - Connect America Fund , WC	Required Information
	Docket 10-90, Report and Order, FCC 13-	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	
~2013/	2010 and ratare rrozen support certification 47 or 11 3 34.313(c)(4)	

Data Collection For	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband : America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information		
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)			
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)			
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)			
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)			
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan				
(3009)	Carrier certifies to 54.313(f)(1)(iii)				
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		Yes - Attach Certifica	260419KY3010B.pdf	7
(3010B)	Please Provide Attachment	Name of Attached Doc	ument Listing Required		
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors		٦
(3012B)	Please Provide Attachment	Name of Attached Doc Information	ument Listing Required		
(3013)	Is your company a Privately Held ROR Carrier $\{47\ CFR\ \S\ 54.313(f)(2)\}$	(Yes/No)	• •		_
(3014)	If yes, does your company file the RUS annual report	(Yes/No)			
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:				
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		/		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		✓	260419KY3017.pdf	\neg
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Doc Information	ument Listing Required		
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the	(Yes/No)	0 0		
(3019)	boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement				
(3020)	and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attached Doc Information	ument Listing Required		

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
	July 2013	

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

age 19

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> Eileen@Bodamer.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260419	
<015>	Study Area Name	THACKER/GRIGSBY TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
certify that (Name of Agent) Bodamer Consulting is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent: Bodamer Consulting				
Name of Reporting Carrier: THACKER/GRIGSBY TEL				
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2016			
Printed name of Authorized Officer: William Grigsby				
Title or position of Authorized Officer: President				
Telephone number of Authorized Officer: 6067852227 ext.				
Study Area Code of Reporting Carrier: 260419	Filing Due Date for this form: 07/01/2016			
	e or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment f the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	- 1 16 6 1	
Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients or	n Behalf of Reportin	g Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipie the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information rep	-	• , .
	orted Herein is accurat	
Name of Reporting Carrier: THACKER/GRIGSBY TEL		
Name of Authorized Agent Firm: Bodamer Consulting		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2016
Name of Authorized Agent Employee: Eileen Bodamer		
Title or position of Authorized Agent or Employee of Agent Principal		
Telephone number of Authorized Agent or Employee of Agent: 7706491886 ext.		
Study Area Code of Reporting Carrier: 260419 Filing Due Date for this form: 07/01/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 4 18 of the United States Code, 18 U.S.C. § 1001.	7 U.S.C. §§ 502, 503(b), or	fine or imprisonment under Title

Attachments

•	vice Outage Reporting (Voice) ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	260419			
<015>	Study Area Name	THACKER/GRIGSBY TEL			
<020>	Program Year	2017			
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com			
<210> <220>	For the prior calendar year, were there any reportable voice service out	ages? Y	Zes .		

<220>	al di	.1.2.	.1.2.	d a	4.	. 2.			.6		4.
<a>> NORS Reference Number	 outage Star	 outage t Start Time	<b3> Outage End Date</b3>	<b4> Outage End Time</b4>	<c1> Number of Customers Affected</c1>	Total Number of	<d><d><d><d><d><d><d><d><d><d><d><d><d><</d></d></d></d></d></d></d></d></d></d></d></d></d>	<e> Service Outage Description (Check all that apply)</e>	<f> Did This Outage Affect Multiple Study Areas (Yes / No)</f>	<g> Service Outage Resolution</g>	<h>> Preventative Procedures</h>
15-17059554	06/18/2015	09:01	06/18/2015	14:19	5600	5600	Yes	Wireline (including cable) VoIP	No	fiber cut severed ATT SS7 links	None

	ce Offerings including Voice Rate Data ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260419	
<015>	Study Area Name	THACKER/GRIGSBY TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com	
<701>	Residential Local Service Charge Effective Date 1/1/2016		

<703>

<702> Single State-wide Residential Local Service Charge

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge		Service Charge	Total per line Rates and Fees
KY	ALL		FR	14.0	0.0	0.08	0.0	14.08

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	· <d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	KY	all	44.95	0.0	44.95	1.5	0.512	999999	Other, no limit
	KY	all	77.5	0.0	77.5	10.0	1.0	999999	Other, no limit
	KY	all	59.95	0.0	59.95	6.0	0.512	999999	Other, no limit
	KS	all	49.95	0.0	49.95	3.0	0.512	999999	Other, no limit
							ı		

. , .	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		260419
<015>	Study Area Name		THACKER/GRIGSBY TEL
<020>	Program Year		2017
<030>	Contact Name - Person U	JSAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Numb	ber - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	Eileen@Bodamer.com
<810>	Reporting Carrier	Thacker-Grigsby Telephone Company	
<811>	Holding Company	Name Not Available	
<812>	Operating Company	Thacker-Grigsby Telephone Company	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	East Kentucky Network, LLC	269007	APPALACHIAN WIRELESS
_	TV Service, Inc		
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Thacker-Grigsby Telephone Company 260419KY112

Five Year Network Improvement Plan

REDACTED

Thacker-Grigsby Telephone Company 260419KY510

Thacker-Grigsby Telephone Company 47 CFR§54.313(a)(5) Certification that it is complying with applicable service quality standards and consumer protection rules For voice and broadband services

In establishing this certification in its 2005 ETC Order,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.² In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Thacker-Grigsby Telephone Company ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under the Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR). These obligations include, but are not limited to, the following:

(1) filing a Local Exchange Tariff pursuant to the requirements of KRS Chapter 278.541 to 278.544 and 807 KAR 5:011, which discloses rates, terms and conditions of service to customers;

¹ Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at 71.

Thacker-Grigsby Telephone Company 260419KY510

- (2) adherence to Kentucky state consumer protection requirements governing telephone providers which include Consumer protections as identified in KRS Chapter 278.546, Pricing Procedures as illustrated in KRS Chapter 278.542(1), and Compliance with Anti-Slamming Procedures as adopted in KRS Chapter 278.535;
 - (3) truth-in-billing requirements as required in 807 KAR 5:061, Section 13;
- (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy; and
- (5) Records maintenance and service objectives reporting required under 807 KAR 5:061, Section 4 (4) related to the following: i) Provision of Service 807 KAR 5:061, Section 10(1); ii) Dial Service Requirements 807 KAR 5:061, Section 15(1) and (2); iii) Answering Time 807 KAR 5:061, Section 22(1) and (2); and iv) Service Interruption 807 KAR 5:061, Section 25(3) and (4).

The Company actively complies with state and federal consumer protection requirements for broadband services as may apply. Per its understanding of it requirements, the Company discloses its network management practices, performance, and commercial terms of service to its existing and potential subscribers.

Thacker -Grigsby Telephone 260419KY610

Thacker-Grigsby Telephone Company Demonstration of Ability to Function in Emergency Situations Voice and Broadband Services

47, Part 54, Subpart C, §54.202(a)(2)

Thacker-Grigsby Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2) ¹ as well as and the Kentucky Administrative Regulations, 807 5:061, Section 24. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2).

The Company supports both its broadband and voice networks by deploying battery back-up capability throughout its network that allows it to remain fully operational even when power outages preclude use of an external power source. Each central office building is supplied with standby generators and battery back-up that enable the central office to keep running for at least the minimum of four (4) hours. The Company has battery back-up at all office locations and in its electronic equipment sites. In addition to battery back-up at all critical network element locations, the Company has standby generators, fueled by propane and /or natural gas, capable of running at least one week before refueling would be necessary. All stand-by generators are automatically exercised once a week. If a generator malfunction occurs during test mode or during a power outage, it sends an alarm through the Company's central office alarm system and

-

¹ (1) Each telephone utility shall have a written plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God. Each telephone utility shall train employees in procedure to be followed in an emergency. (2) All central offices and toll centers shall adequately provide for emergency power. Each central and/or toll office shall have a minimum of four (4) hours of battery reserve. In exchanges exceeding 5,000 lines and in toll offices, a permanent auxiliary power unit shall be installed. In offices without installed emergency power facilities there shall be a mobile power unit available of suitable capacity which can be delivered and connected within two (2) hours, or one-half (1/2) the battery reserve time, whichever is greater.

Thacker -Grigsby Telephone 260419KY610

its technical staff is immediately notified. Many non-critical network elements also have

permanent standby generators as described above. Any non-critical location which does not

have a permanent standby generator has a suitable size mobile power unit available which can be

operational at the site within one hour.

Critical portions of the Company's voice and broadband networks are fully redundant and

/ or operate in a self-healing ring configuration for instantaneous redirection of traffic /

connectivity in the event of facility damage. This ability to change its call routing also allows

the Company to manage traffic spikes throughout its network, as emergency situations require.

The Company uses alternate carriers for broadband network diversity wherever practical.

Additionally, the Company maintains a written plan in place to meet service emergencies

resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or

acts of God, and has trained employees on emergency procedures.

260419KY1010 Thacker-Grigsby Telephone Company

Thacker-Grigsby Telephone Company Certification with 47 C.F.R. § 54.313

Pursuant to 47 C.F.R. § 54.313 Thacker-Grigsby Telephone Company is required to provide:

A letter certifying that the pricing of the company's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The basic residential voice service benchmark rate is no more than \$41.07.1 As shown below, the company

is below this rate as of June 1, 2016.

Basic Exchange Service:	\$ 14.00
KY USF Support	\$ 0.14
FCC Subscriber Line Charge	\$ 6.50
FCC Access Recovery Charge	\$ 2.00
Total Charge	\$ 22.64

¹Public Notice, DA 16-362, released April 5, 2016

260419KY1030 Thacker-Grigsby Telephone Company

Thacker-Grigsby Telephone Company Certification with 47 C.F.R. § 54.313(a)(12)

Pursuant to 47 C.F.R. § 54.313(a)(12) Thacker-Grigsby Telephone Company is required to provide:

A letter certifying that it offers broadband service at rates that are at or below the relevant reasonable comparability benchmark, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau. ¹

Downlo Speed (Mbps	d (Mbps	1	Company rate	2016 Benchmark	2015 Benchmark
10	1	Unlimited	\$77.50	\$75.20	\$77.80

As shown above, the company's broadband offering is within 3% of the relevant benchmark. Given the cost of serving in Kentucky and its highly rural area, this is reasonably comparable to the 2016 benchmark and below the 2015 benchmark against which the company had previously indexed.

_

¹Public Notice, DA 16-362, released April 5, 2016

Thacker-Grigsby Telephone Company, Inc.

P. S. C. KY. NO. 3 Part II 4th Revised Sheet 40

General Exchange Services Tariff Lifeline

A. Description of Service

- The Lifeline program is designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers. Basic terms and conditions are in compliance with the FCC's Order on Universal Service in CC Docket 97-157, which adopts the Federal-State Joint Board recommendation in CC Docket 96-45, which complies with the Telecommunications Act of 1996 and FCC Lifeline Reform Order 12-11. Specific terms and conditions are as prescribed by the Kentucky Public Service Commission and are as set forth in this tariff.
- 2. Lifeline is supported by both the federal and state universal service support mechanisms.
 - The state universal service support mechanism will be funded by a Kentucky Public Service Commission approved charge on all customers' bills. The line Item shall be shown on the customers bills as "Kentucky Lifeline Support." The Company will bill the charges as prescribed by the Kentucky Public Service Commission.
- The total support of \$13.00 is available for each Lifeline service and is passed 3. through to the subscriber. The amount of credit funded by the state is \$3.50 with the remaining \$9.50 to be collected from the federal fund. The Lifeline credit is to be applied only to total of the local service charge and the federal subscriber line charge. The amount of credit will not exceed the charge for local service, which includes the access line, the Subscriber Line Charge and local usage. In event the full credit is not taken, any lesser amount should be prorated on the basis of two parts from the state fund to one part from the federal fund for amounts in excess of the federal baseline support of \$5.25. The total support will be reduced to \$12.75, effective June 1, 2012. The total amount of credit from the federal fund will be reduced to \$9.25, effective June 1, 2012.

Issued: March 27, 2012

Effective: April 1, 2012

PUBLIC SERVICE COMMISSION OF KENTUCKY

C.R

Thacker-Grigsby Telephone Company, Inc.

P. S. C. KY. NO. 3 Part II 3rd Revised Sheet 41

General Exchange Service Tariff Lifeline (continued)

- B. Regulations
 - 1. General

a.

- b. One low income credit is available per Household, and is applicable to the primary residential connection only. A Household is defined as any individual or group of individuals living together at the same address as one economic unit and may include related and unrelated persons. An economic unit consists of all adults contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered to be part of the same household as their parents or guardians.
- c. A Lifeline customer may subscribe to any local service offering available to other residence customers.
- d. Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
- e. The deposit requirement is not applicable to a Lifeline customer who subscribes to toll blocking. If a Lifeline customer removes toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
- f. The federal primary interexchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier.
- g. A lifeline subscriber's local service will not be disconnected for non-payment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Part I of this Tariff. Access to toll service may be denied for non-payment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
- h. Lifeline is not available for resale.

Issued: March 26, 2012

William K. Grigsby, Vce-President/GM

Effective: April 1, 2012

TARIFF BRANCH
RECEIVED

3/27/2012

PUBLIC SERVICE COMMISSION OF KENTUCKY

P. S. C. KY. NO. 3 Part II 4th Revised Sheet 42

Thacker-Grigsby Telephone Company, Inc.

General Exchange Services Tariff Lifeline (continue)

- 2. Eligibility
 - a. To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low income assistance programs.
 - 1. Supplemental Security Income
 - 2. Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
 - 3. Medicaid
 - 4. Federal public housing/Section 8
 - 5. Low Income Home Energy Assistance Program (LIHEAP)
 - 6. Temporary Assistance to Needy Families Program (TANF)
 - 7. National School Lunch's Free Lunch Program
 - 8. Income at or below 135% of Federal Poverty Guidelines, effective June 1, 2012.
 - b. All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.
- 3. Certification
 - Proof of eligibility as required by the Kentucky Public Service Commission in any of the qualifying low income programs should be provided to the Company at the time of application for service. The Lifeline credit will not be established until proof of eligibility has been received by the Company. If the customer requests installation prior to the Company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
 - b. Proof of eligibility shall be in the form of an affidavit, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs, is not already receiving a Lifeline benefit, will notify the carrier within 30 days if the subscriber is no longer eligible or moves to a new address and the subscriber acknowledges the recertification requirement which can result in de-enrollment if not completed. It is the customer's responsibility to notify the Company when the customer is no longer participating in any of the qualifying programs.

Issued: March 26, 2012

William K Grigshy Vice-President & GN

Effective: April 1, 2012

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3/27/2012

PUBLIC SERVICE COMMISSION OF KENTUCKY Thacker-Grigsby Telephone Company, Inc.

P. S. C. KY. NO. 3 Part II First Revised Page 42a

General Exchange Services Tariff Lifeline (continue)

- The company reserves the right to periodically audit its records, working c. in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal laws. The use or disclosure of information concerning enrollees will be limited to the purpose directly connected with the administration of the Lifeline plan.
- When a customer is determined to be ineligible as a result of and audit, d. the company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

C. Rates and Charges

- General
 - Lifeline is provided as a monthly credit on the eligible residential a. subscriber's access line bill for local service.
 - Service charges in Part II are applicable for installing or changing b. Lifeline service.
- The lifeline credit passed through to the customer consists of 2.
 - Total Federal and State Credit, one per Lifeline

I Ottal I	oderar and state creat, one per zinemi	
	•	Monthly Credit*
1.	Supplemental Security Income (SSI)	\$13.00
2.	Supplemental Nutrition Assistance Program	former known as
	Food Stamps	\$13.00
3.	Medicaid	\$13.00
4	Federal public housing, Section 8	\$13.00

Low Income Home Energy Assistance Plan (LIHEAP) \$13.00 5.

Temporary Assistance to Needy Families Program 6.

Federal public housing, Section 8

(TANF)\$13.00

National School Lunch's Free Lunch Program \$13.00 7.

Income at or below 135% of Federal Poverty Guidelines,\$13.00 8. effective June 1, 2012.

*Monthly credit will be reduced to \$12.75, effective June 1, 2012.

Kentucky Lifeline Support surcharge as prescribed by the Kentucky Public 3. Service Commission per month per access line.

Issued: March 26, 2012

William K. Grigsby, Vice-President & GM

4.

Effective: April 1, 20

TARIFF BRANCH

C,R

PUBLIC SERVICE COMMISSION OF KENTUCKY

Thacker Grigsby Telephone Company Lifeline Eligibility Consumer Affidavit

Applicant Name:					
Date of Birth: SSN (last 4 digits):					
Service Address:					
Number Street	(Apt. No)	City	State Zip		
Is this a temporary add	dress?	e No.			
Billing Address if different from Service Address					
Number Street	(Apt. No)	City	State Zip		
Billing Name on Acco	unt if different from Applicant:				
I am applying or recertifying for Lifeline benefits based on one of the following eligibility criteria:					
I am currently enrolled in an eligible program [check applicable boxes below]					
□ Supplemental Nutrition Assistance Program (SNAP, Food Stamps) □ Temp. Asst. to Needy Families (TANF) □ Supplemental Security Income (SSI) □ National Free School Lunch Program (NSL) □ Low Income Home Energy Assistance Program (LHEAP) □ Low Income Federal Housing □ Emergency Aid to the Elderly, Disabled and Children (EAEDC) □ Medicaid □ Transitional Aid to Families with Dependent Children (TAFDC) □ Bureau of Indian Affairs General Assistance □ Tribal offerings (Head Start or Food Distribution Program) Or					
I meet income eligibility requirements [complete qualification information below]					
☐ My household is at or below 135% of the Federal Poverty Level. No. in Household:					
	Household Size (2014 data)	135% of Federal Poverty Levels]		
	1	\$16,038			
	2	\$21,627			
	3	\$27,216			
	4	\$32,805			
	5	\$38,394			
	6	\$43,983			
	7	\$49,586			
	8	\$55,202			
	Add for each additional person after 8	\$5,616			
Certifications Required for Lifeline Participants					
a. I understand that Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Customer initials:					
b. I understand that only one Lifeline service is available per household (as defined as any individual or group of individuals who live together at the same address and share income and expenses) and a household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the de-enrollment from the Program.				itted to	

Continued on Page 2

Customer initials:

c.	I understand that I may not transfer my Lifeline benefit to any other person.
	Customer initials:
d.	I further understand and consent that the data included in my application will be divulged to USAC and/or its agents for purposes of verification that I am only in receipt of one lifeline benefit.
	Customer initials:
Lift day beg my bes pur cer	ertify under penalty of perjury, to the following: I meet the income or program-based eligibility criteria for receiving reline service as provided for herein. I further certify that I will notify Thacker Grigsby Telephone Company within 30 ye if for any reason I no longer satisfy the criteria for receiving Lifeline including if another member of my household gins receiving a Lifeline benefit. My household will receive only one Lifeline service and, to the best of my knowledge, household is not already receiving a Lifeline service. The information contained in this affidavit is true and correct to the set of my knowledge. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is inishable by law. I understand that I may be required to recertify my eligibility for Lifeline at any time, and my failure to retify as to my continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits resuant to federal law §54.405(e)(4).
Ap	plicant Signature: Date:

Required Support

If you indicated enrollment in an **eligible program**, along with this application, please attach a photocopy (do not send an original) or fax or email of one of the following to us:

- Your current or prior year's statement of benefits from a qualifying state, federal or Tribal program; or
- A notice letter of participation in a qualifying state, federal or Tribal program; or
- A program participation document, for example, benefit card; or
- An official document indicating your participation in a qualifying state, federal or Tribal program

If you indicated enrollment due to Household Income below the **Federal Poverty Level**, along with this application, please attach a photocopy (do not send an original) or fax or email of one of the following to us:

- Your prior year's state, federal or Tribal tax return; or
- Current income statement from an employer or paycheck stub; or
- Social Security statement of benefits; or
- A Veterans Administration statement of benefits; or
- A retirement or pension statement of benefits; or
- An Unemployment or Workmen's Compensation statement of benefits; or
- Federal notice letter of participation in General Assistance; or
- A divorce decree; or
- A child support award; or
- Other official document containing income information

If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months

Thacker Grigsby Telephone Company

PO Box 1410 *or* 2742 Hwy 550 E. Hindman, KY 41822

Phone number: (606) 785-9500 Fax number: (606) 785-9521 Email: tgtel@tgtel.com

260419KY3010b Thacker-Grigsby Telephone Company

Thacker-Grigsby Telephone Company Certification with 47 C.F.R. § 54.313(f)(1)(i)

Pursuant to 47 C.F.R. 54.313(f)(1)(i) Thacker-Grigsby Telephone Company is required to provide:

A letter certifying that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

Thacker-Grigsby Telephone Company is taking reasonable steps upon reasonable request to provide broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol. Its service is provided without usage limits and is reasonably comparable to comparable offerings in urban areas as determined in an annual survey. Requests for 10/1 service are met within the company's standard installation interval.

Thacker-Grigsby Telephone Company 260419KY3017

Financial Data

REDACTED

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Financial Data

REDACTED